**Volunteer Application**

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| **PERSONAL INFORMATION** |
| **Last name First name Middle Initial** | **Best Phone Number** |

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| **Street** | **E-mail Address** |
| **City State ZIP** | **Date Completed** |
| Are you over 18 years of age? Yes [ ]  No [ ]  If no, how old are you? |
| What area or age group would you like to volunteer? |
| How many minutes/hours (based on the frequency you check) would you like to volunteer? [ ]  60 minutes [ ]  120 minutes [ ]  4 hours [ ]  other: | What frequency would you like to volunteer?  [ ]  Daily [ ]  Weekly [ ]  One Time [ ]  As needed |
| What day of the week do you want to volunteer?[ ] Monday[ ] Tuesday[ ] Wednesday[ ]  Thursday[ ] Friday[ ] Saturday | What time of day would you prefer to volunteer?[ ]  Mornings [ ]  Afternoons [ ]  EveningsSpecific Time(s) preferred: |
| Date available to start volunteering:Date desired to end volunteering: | How did you find out about our organization? |

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|  Do you know any of our current employees, students, or clients? Yes [ ]  No [ ]  | If yes please list those who you know: |
| EDUCATIONAL INFORMATION**Please provide a complete record of all schools and universities attended,** **previously and currently** |
| High School | Location (City, State) of High School | **Graduated** |
|  | **Yes [ ]  No [ ]**  |
| College /Graduate School | Name, City and State of College | **Major(s)** | **Degree(s)** | **Other** |
| **Date From****Mo / Yr** | **Date To****Mo / Yr** |
|  |  |  |  |  |  |
| PROFESSIONAL LICENSES, CERTIFICATIONS, REGISTRATIONS(recent history) |  |  |
| **Therapist****Or** **Teacher** | **Year/State** |  |  |  |
| License # |  |  |  |
| **Other****(Please specify)** | **Year/State** |  |  |  |
| License # |  |  |  |
| **SPECIAL ACCOMPLISHMENTS, RECOGNITIONS, AWARDS, PROFESSIONAL ORGANIZATIONS, ETC.**Pleas list any special skills or interests you would like to utilize or gain experience in while volunteering. |
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| EMPLOYMENT HISTORY – You may attach a resume or complete this section. Provide the following information of your past or current employers, career related volunteer activities, starting with the most recent.  |
| Current/Recent Employer |
| Name: | Phone: |
| Address: | Position: |
| Employed: From: To: Mo/Yr Mo/Yr | Immediate Supervisor’s Name and Title: |
| Supervisor’s Phone # | Briefly describe major responsibilities: |
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| Reason for Leaving: |

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| **LIST ANY OTHER WORK RELATED INFORMATION YOU WOULD LIKE CONSIDERED IN YOUR VOLUNTEER APPLICATION** |
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| **ADDITIONAL INFORMATION** |
| Have you ever been fired from employment or been asked to resign? If yes, please explain. **Yes [ ]  No [ ]**  |
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| Are you presently under indictment or are you currently a defendant in any criminal proceeding or in the last ten years, have you been convicted of or plead guilty to a felony or non-traffic misdemeanor? (Note: This information will be used for job-related purposes only to the extent permitted by applicable law.) **Yes** [ ]  **No** [ ]  If yes, briefly describe the details indicating the date, nature and place of the offense and the sentence received. |
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